

State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,
500 E Capitol Ave., Pierre, SD 57501-5070

RECEIVED

NOV 02 2006

S.D. SEC. OF STATE

postmarked

10-31-06

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee South Dakotans for Medical CannabisComplete Mailing Address 612 1/2 St Joseph St RL SD 57701Name of Person Making Report S. Jeremy Briggs Daytime Phone Number 605 484 1806

If you are a candidate, what office are you seeking? _____

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

init. measure 4Type of Report (See pages 4 & 5 of Guideline Book) pre general balance measure finance 7-6-06 to 10-30For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 10/28/06*The following verification must be completed before submitting report.*

VERIFICATION OF PERSON MAKING REPORT

I S. Jeremy Briggs (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date:

10/13/06Candidate Signature or
Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 2nd day ofNov. 06Chris Nelson
SECRETARY OF STATE

Schedule A – Direct Contributions

Unitemized Contributions from Individuals:

*\$

Itemized Contributions from Individuals

Total of Itemized Contributions from Individuals:***\$**

Name of Candidate or Committee: South Dakotans for Medical MarijuanaFor the reporting period ending: 10/28/06**Schedule B - Fund-Raising Events Proceeds**

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds

Total: 0**Schedule C - In Kind Contributions**

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value

Total: 0**Schedule D - Other Income**

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount

Total: 0

Schedule F - Debts and Obligations

[illegible]

6

Name of Candidate or Committee: South Dakotans for Medical MarijuanaFor the reporting period ending: 10/28/06**Summary Page**

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period:

\$ 1000⁰⁰

2. Receipts

Schedule A - Direct Contributions

\$ ~~1000⁰⁰~~ 0

Schedule B - Fund-Raising Events

\$ 0

Schedule C - In Kind Contributions

\$ 0

Schedule D - Other Income

\$ 0

Total of all Receipts

\$ 0

3. Total Monetary Receipts (A+B+D)

\$ 0

4. Candidate's Personal Contribution to Own Campaign

\$ 0

5. Monetary Loans to Candidate or Committee During Reporting Period

\$ 0

6. Monetary Loans Repaid During Reporting Period

\$ 0

7. Expenditures - Schedule E

\$ 1000⁰⁰

8. Unpaid Obligations - Schedule F

\$ _____

9. Amount on hand at the close of this reporting period. *

This should equal lines (1+3+4+5) - (6+7)

\$ 0

